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Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled Yes Yes Average Daily Census: 93

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	32. 3 43. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 2	More Than 4 Years	24. 7
Day Servi ces	No	Mental Illness (Org./Psy)	25. 8	65 - 74	11. 8		
Respite Care	No	Mental Illness (Other)	6. 5	75 - 84	29. 0		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 2	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2. 2	95 & 0ver	10. 8	Full-Time Equivaler	
Congregate Meals	No	Cancer	4. 3			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	8. 6		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	21. 5	65 & 0ver	97. 8	[	
Transportation	No	Cerebrovascul ar	5. 4			RNs	10.6
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	10.6
Other Services	No	Respi ratory	2. 2			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	21.5	Male	12. 9	Aides & Orderlies	44. 0
Mentally Ill	No			Femal e	87. 1		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manageo	l Care		Percent
			Per Die	m	Per Diem			Per Diem			Per Diem		Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	6. 4	\$118. 22	0	0. 0	\$0.00	1	2. 3	\$159.00	0	0. 0	\$0.00	4	4. 3%
Skilled Care	3	100.0	\$212. 13	44	93.6	\$100. 20	0	0.0	\$0.00	40	93. 0	\$141.00	0	0.0	\$0.00	87	93. 5%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	2	4. 7	\$135.00	0	0.0	\$0.00	2	2. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		47	100. 0		0	0.0		43	100.0		0	0.0		93	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 16.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 9. 9 Baťhi ng 19. 4 52.7 28. 0 93 Other Nursing Homes 19.7 Dressi ng 15. 1 54.8 30. 1 93 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 25.8 29.0 93 25.4 45. 2 22.6 30. 1 93 0.0 Toilet Use 47.3 0.0 93 Eating 39. 8 24.7 35. 5 \*\*\*\*\*\* Other Locations 28. 2 Total Number of Admissions Continence Special Treatments 71 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 3. 2 11.8 Private Home/No Home Health 22.1 Occ/Freq. Incontinent of Bladder 31. 2 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 20.4 0.0 Other Nursing Homes 4.4 1. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 2.9 Mobility 4. 3 Physically Restrained 0.0 1.1 30. 1 0.0 Other Locations 20.6 Skin Care Other Resident Characteristics Deaths 50.0 With Pressure Sores 5.4 Have Advance Directives 73. 1 Total Number of Discharges With Rashes 0.0 Medications Receiving Psychoactive Drugs 19. 4 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:				Si ze:		ensure:				
	Thi s	Non	profit	50-	. 99	Ski l	lled	All Facilities			
	Facility		Group	Peer		Peer	Group				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97. 9	87. 8	1. 12	87. 3	1. 12	84. 1	1. 16	84. 5	1. 16		
Current Residents from In-County	95. 7	<b>82</b> . <b>6</b>	1. 16	80. 3	1. 19	83. 5	1. 15	77. 5	1. 24		
Admissions from In-County, Still Residing	36. 6	25. 9	1. 41	21. 1	1. 74	22. 9	1. 60	21. 5	1. 70		
Admissions/Average Daily Census	76. 3	116. 8	0. 65	141. 8	0. 54	134. 3	0. 57	124. 3	0.61		
Discharges/Average Daily Census	73. 1	117. 3	0. 62	143. 0	0.51	135. 6	0. 54	126. 1	0. 58		
Discharges To Private Residence/Average Daily Census	16. 1	43. 9	0. 37	<b>59. 4</b>	0. 27	<b>53. 6</b>	0. 30	49. 9	0. 32		
Residents Receiving Skilled Care	97. 8	91. 3	1. 07	88. 3	1. 11	90. 1	1. 09	83. 3	1. 17		
Residents Aged 65 and Older	97. 8	97. 1	1. 01	95.8	1.02	92. 7	1.06	87. 7	1. 12		
Title 19 (Medicaid) Funded Residents	50. 5	<b>56.</b> 2	0. 90	57. 8	0. 87	63. 5	0.80	<b>69.</b> 0	0. 73		
Private Pay Funded Residents	46. 2	37. 5	1. 23	33. 2	1. 39	27. 0	1.71	22. 6	2.05		
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00		
Mentally Ill Residents	32. 3	36. 3	0.89	32. 6	0. 99	37. 3	0.86	33. 3	0. 97		
General Medical Service Residents	21. 5	21. 1	1. 02	19. 2	1. 12	19. 2	1. 12	18. 4	1. 17		
Impaired ADL (Mean)	<b>52.</b> 3	50.8	1.03	48. 3	1. 08	49. 7	1.05	49. 4	1.06		
Psychological Problems	19. 4	<b>50.</b> 0	0. 39	47. 4	0.41	50. 7	0. 38	50. 1	0.39		
Nursing Care Required (Mean)	5. 5	6.8	0. 81	6. 1	0. 91	6. 4	0. 86	7. 2	0.77		